

021904
16152 U.S. PTO

PTO/SB/56 (08-03)

Approved for use through 01/31/2004. OMB 0651-0033
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Docket Number (Optional)
GDF01021D1RE

REISSUE APPLICATION FEE TRANSMITTAL FORM

10782748
U.S.P.T.O.

021904

Claims as Filed – Part 1

	(1) Claims in Patent	(2) Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		U.S.P.T.O.
				Rate	Fee	Rate	Fee	
Total Claims (37 CFR 1.16(j))	(A) 16	(B) 21	**** 1 =	x \$ _____ =		or	x \$ 18 =	18
Independent claims (37 CFR 1.16(i))	(C) 4	(D) 7	* 3 =	x \$ _____ =			x \$ 86 =	258
				Basic Fee (37 CFR 1.16(h))		\$ _____	\$ 770	
				Total Filing Fee		\$ _____	OR	\$ 1046.00

Claims as Amended – Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	* =	x \$ _____ =		x \$ _____ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ _____ =			x \$ _____ =
				Total Additional Fee		\$ _____	OR	\$ _____

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims.

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

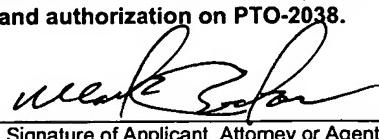
 Applicant claims small entity status. See 37 CFR 1.27. Please charge Deposit Account Number 501958 in the amount of 1046.00.
A duplicate copy of this sheet is enclosed. The Director is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or
credit any overpayment to Deposit Account Number 501958.
A duplicate copy of this sheet is enclosed. A check in the amount of \$ _____ to cover the filing/additional fee is enclosed. Payment by credit card. Form PTO-2038 is attached.WARNING: Information on this form may become public. Credit card information should not
be included on this form. Provide credit card information and authorization on PTO-2038.

2/19/04

Date

31,325

Registration Number, if applicable


 Signature of Applicant, Attorney or Agent of Record

Mark L Becker

Typed or printed name

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

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Claims as Amended – Part 2

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Total Claims (37 CFR 1.16(j))	***	MINUS	**	* =	X \$ _____ =		x \$ _____ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ _____ =			x \$ _____ =
				Total Additional Fee	\$ _____	OR	\$	

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

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